

Frequently Asked Questions (FAQs) for Hospital Presumptive Eligibility

Updated: July 7, 2016

The following FAQs address the Hospital Presumptive Eligibility (PE) program in TennCare. For additional information, see the “Step-by-Step Instructional Guide for Hospital PE” and other materials at www.tn.gov/tenncare/section/providers.

For general information about TennCare eligibility policy, visit <http://www.tn.gov/tenncare/topic/eligibility-policy>.

Specific questions regarding the policies and procedures of the Hospital PE process may be directed to HospitalPE.TennCare@tn.gov.

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Overview of Hospital PE

1. What is Hospital PE?

The Hospital PE process allows qualified hospitals to determine whether applicants qualify for a period of temporary TennCare eligibility (generally 62 days). Qualified hospitals use TennCare Online Services to transmit to TennCare the **temporary** eligibility period for all persons the hospitals approve for Hospital PE. Qualified hospitals also help all applicants for Hospital PE to complete the application for full, ongoing TennCare eligibility beyond the **temporary**, 62-day eligibility segment. Using the Hospital PE process, participating hospitals can screen and provide immediate coverage to qualified uninsured individuals and help these patients complete the regular TennCare application process.

Note: If Hospital PE enrollees do not submit **complete** Marketplace Applications¹ after they apply for Hospital PE, they will lose their temporary eligibility. For this reason, qualified hospitals have an affirmative obligation to help all Hospital PE enrollees to fill out and submit **complete** Marketplace Applications.

2. On what day will the Hospital PE period begin?

The applicant's effective date for Hospital PE is the date on which the qualified hospital approves his or her Hospital PE application. For example: An applicant signs the Hospital PE Cover Sheet and Marketplace Application on January 3rd. The hospital employee signs the Marketplace Application, completes the Hospital PE Worksheet, determines eligibility, and issues the Hospital PE Notice on January 5th. The applicant's Hospital PE period will begin on January 5th. To ensure that an entire hospital stay is covered for an eligible patient, a hospital may want to provide application assistance and complete the Hospital PE process as soon as possible after admitting the patient. See FAQ #26 below.

For reference, the effective date for Hospital PE is determined by federal rules. See 42 CFR § 435.1101 (stating that the presumptive period "...begins on the date on which a qualified entity determines that a child is presumptively eligible...."). See also FAQ #5 below.

3. If a hospital employee is unavailable at night or on a weekend to make a Hospital PE determination, can the hospital "back date" the effective date for Hospital PE?

No. See FAQ #26. However, an individual who wants to apply at a time during which hospital employees are unavailable to make a Hospital PE determination can instead apply for full ongoing coverage at www.healthcare.gov.

4. How long does the Hospital PE period last?

If the applicant applies for TennCare Medicaid through the regular process (by submitting the Marketplace Application or applying online at www.healthcare.gov) by the end of the following month, then the applicant will remain in the Hospital PE period until a formal TennCare Medicaid eligibility determination is made. If the applicant does not apply by the end of the following month, then the applicant's Hospital PE eligibility period will last 62 days.

For example, Sandi applies for herself and her daughter through the Hospital PE process on December 1st. If she completes a full TennCare Medicaid application by January 31st, then their Hospital PE periods will continue until the FFM makes a formal decision about their ongoing eligibility. If Sandi does not apply by January 31st, then their temporary eligibility will expire at the end of the 62-day Hospital PE period.

¹ The "Marketplace Application" is the application developed by the federal government for Medicaid, CHIP, and other insurance affordability programs. It is available at <https://www.healthcare.gov/apply-and-enroll/how-to-apply/>. TennCare also uses this form for Hospital PE. TennCare also uses this application for Hospital PE. See FAQ #40.

If Hospital PE enrollees do not submit **complete** Marketplace Applications after they apply for Hospital PE, they will lose their temporary eligibility. For this reason, qualified hospitals have an affirmative obligation to help all Hospital PE enrollees to fill out and submit **complete** Marketplace Applications.

Technical notes: If the Marketplace approves a Hospital PE enrollee for ongoing CoverKids eligibility, we will enroll the individual in CoverKids immediately (even if this occurs before the end of the 62-day period). Also, TennCare's use of a 62-day Hospital PE period is a federally-approved deviation from the typical period of presumptive eligibility defined at 42 CFR § 435.1101 (which states that a presumptive eligibility period "...in the case [in which]... a Medicaid application has not been filed" generally ends on "...the last day of the month following the month in which the determination of presumptive eligibility was made."). TennCare will revert from the 62-day Hospital PE period to the typical period of presumptive eligibility defined at 42 CFR § 435.1101 when TennCare implements a new eligibility determination system. TennCare will notify providers well advance of any change in this regard, even though the impact may be small.

5. Does the family need to also apply for TennCare for the applicant using the regular process?

Yes. If Hospital PE enrollees do not submit **complete** Marketplace Applications after they apply for Hospital PE, they will lose their temporary eligibility. See FAQ #4 above. For this reason, qualified hospitals have an affirmative obligation to help all Hospital PE enrollees to fill out and submit **complete** Marketplace Applications.

6. How does Hospital PE differ from other types of presumptive eligibility?

As of July 2016, TennCare has four types of presumptive eligibility:

- a) Hospital PE, which is determined by hospitals that are qualified entities;
- b) Newborn PE, which is determined by hospitals that are qualified entities;
- c) Pregnancy PE, which is determined by county-based health departments; and
- d) Breast and Cervical Cancer PE, which is determined by cancer detection and treatment providers that are qualified entities.

For more information about the distinction between Hospital PE and Newborn PE, see FAQs #60 to #73 below. For more information the Pregnancy PE programs operated by county-based health departments see FAQ #71 below.

Applicants Who Can Enroll via Hospital PE

7. Can residents of other states enroll in TennCare via Hospital PE?

No. For this reason, question #1 on the Hospital PE Worksheet asks whether the applicant lives in Tennessee.

8. Can undocumented immigrants enroll in Hospital PE?

No. Only U.S. citizens and eligible immigrants can enroll via Hospital PE. For this reason, question #2 on the Hospital PE Worksheet asks whether the applicant is a U.S. citizen or eligible immigrant. To learn more about which immigrants may qualify, see p. 3 of the Step-by-Step Instructional Guide for Hospital PE.

9. Does the applicant need to attest that the newborn is a U.S. citizen or eligible immigrant?

Yes. Please note that newborns born in the U.S. are automatically U.S. citizens and should answer “yes” to this question on the Marketplace Application. For more information about which immigrants are eligible for TennCare, see the “Immigration Reference Table” on p. 3 of the “Step-by-Step Instructional Guide for Hospital PE.”

10. Are all eligibility groups in TennCare eligible to enroll via Hospital PE?

No. To enroll via Hospital PE in Tennessee, an applicant must fall into one of several TennCare Medicaid eligibility categories:

- Children (younger than age 19) who fall within the TennCare income range;
- Pregnant women who fall within the TennCare income range;
- Parents or caretaker relatives of dependent children who fall within the TennCare income range; and
- Former foster care children up to age 26.

For this reason, question #3 on the Hospital PE Worksheet asks whether the applicant meets the definition of any of these eligibility groups.

11. What is “Former Foster Care”?

This is an eligibility group added by the Patient Protection and Affordable Care Act (PPACA). To qualify for this eligibility group, an individual must be under age 26 **and** have been in foster care (and receiving TennCare Medicaid) at age 18. For reference, the definition of “former foster care” also appears on the Hospital PE Worksheet.

12. What is “Parent/Caretaker Relative”?

A parent/caretaker relative is an individual related to a child (by blood, adoption, or marriage) who lives with the child and has primary responsibility for the child’s care. The child in question must be under 18 (or age 18 if the child is a full-time student). For reference, the definition of “parent/caretaker relative” also appears on the Hospital PE Worksheet.

13. Can an applicant qualify under more than one eligibility group?

Yes, an applicant may qualify for more than one eligibility group. If this occurs, choose the group listed **first** in the table on page 4 of the "Step-by-Step Instructional Guide for Hospital PE" (e.g., choose pregnant woman over parent caretaker relative if applicant meets the definitions of both). For more information, see pp. 3-4 of the "Step-by-Step Instructional Guide for Hospital PE".

14. Can childless adult males enroll via Hospital PE?

Not generally. Such individuals typically would not qualify for one of the Medicaid eligibility groups that can enroll via Hospital PE; see FAQ #10 above. Unless the childless adult male is currently under age 26 and was in foster care (and TennCare) at age 18, then the childless adult male would not qualify for Hospital PE. For this reason, most childless adult males cannot enroll via Hospital PE.

15. Can an individual needing long-term services and supports enroll in TennCare through Hospital PE?

No, not generally. Individuals can enroll via Hospital PE if they "group" into one of the categories described in FAQ #10 above. Even if an individual falls into one of these groups and is otherwise eligible for Hospital PE, TennCare will not cover long-term services and supports unless and until the individual completes the LTSS application process described at <https://www.tn.gov/tenncare/topic/how-to-apply-ltss>.

For example, Jackson is a 55-year-old single, childless adult. He is disabled and needs long-term services and supports. Because Jackson does not "group" into one of the eligible categories for Hospital PE, Jackson cannot enroll in TennCare through the Hospital PE process. Instead, Jackson must complete the LTSS application process.

A second example may also be helpful: Catherine is a grandmother of an eligible six-year-old child, and Catherine meets the definition and falls under the income limit for a caretaker relative. Catherine needs long-term services and supports. While Catherine may enroll in TennCare via Hospital PE, TennCare will not pay for long-term services and supports until she completes the LTSS application process.

16. Does Hospital PE have an income limit?

Yes, though the income limits vary by eligibility group. For this reason, question #4 on the Hospital PE Worksheet asks whether the applicant's household income is at or below the limit for the respective eligibility group – and the Worksheet includes the income limits for each group.

17. How does a hospital calculate the applicant's FPL percentage?

Employees of qualified hospitals should visit <http://tn.gov/tenncare/article/federal-poverty-level-converter> or follow the calculation described in the “Step-by-Step Instructional Guide for Hospital PE”.

18. Does Hospital PE have an asset or resource limit?

No. Hospital PE applies only to eligibility groups that do not have an asset or resource test.

19. Can a person already enrolled in TennCare use the Hospital PE process?

No. The Hospital PE process is for persons who are **not** enrolled in TennCare at the time of application. For this reason, Step #1 on the “Step-by-Step Instructional Guide for Hospital PE” requires hospitals to check for current TennCare enrollment before beginning the Hospital PE process.

An individual in TennCare Online Services is enrolled in TennCare if he or she has an open eligibility span with benefit plan Title 19 Medicaid, Immediate Eligibility, Presumptive Eligibility, Supplemental Security Income, or TennCare Standard. If any other benefit plan displays, then the individual is not enrolled in TennCare and is therefore not precluded from eligibility for Hospital PE based on current eligibility status.

20. Can an individual with private health insurance use the Hospital PE process?

Yes. The Hospital PE process is for persons who do not have TennCare at the time of application. Individuals with private coverage (e.g., employer-sponsored health insurance) can use the Hospital PE process as long as they do not already have TennCare Medicaid. The fact that an applicant has private insurance does **not** disqualify him or her from TennCare Medicaid. However, the applicant will need to meet other requirements to enroll via Hospital PE. See FAQs #10 and #16.

21. Can an individual with Medicare use the Hospital PE process?

Yes. The Hospital PE process is for persons who do not have TennCare at the time of application. Individuals with Medicare can use the Hospital PE process as long as they do not already have TennCare Medicaid. The fact that an applicant has Medicare does **not** disqualify him or her from TennCare Medicaid. However, the applicant will need to meet other requirements to enroll via Hospital PE. See FAQs #10 and #16.

22. Can an individual with Medicare apply for the Medicare Savings Program using the Hospital PE process?

No. Individuals with Medicare can apply for the Medicare Savings Program (MSP) using the application process described at <https://www.tn.gov/tenncare/topic/how-to-apply-Itss>. To get help with the MSP program, visit <http://www.tnmedicarehelp.com/>. For reference, the MSP program helps enrollees pay for their Medicare costs. Some people refer to the MSP program by using the acronyms QMB, SLMB, QI, and QDWI.

23. Can a family with income over 195% FPL enroll a minor child in CoverKids or the TennCare Medically Needy category through the Hospital PE process?

No. If an applicant self-reports monthly household income above the TennCare Medicaid income limit for the applicable eligibility group, then the employee of the qualified hospital would need to deny Hospital PE. The employee would then explain that the applicant must apply through the regular process (by submitting the Marketplace Application or applying online at www.healthcare.gov) and provide the applicant with a Hospital PE Eligibility Notice noting the denial.

24. Can a person have more than one Hospital PE period in a two-year span?

No, not unless an individual is pregnant. An individual with a Hospital PE period in the last two calendar years is generally ineligible for Hospital PE. For this reason, question #5 on the Hospital PE Worksheet asks whether this application would result in the applicant's first Hospital PE period in the past two years. However, there is an exception for pregnant women: they can have one Hospital PE period per pregnancy (even if that exceeds one Hospital PE period in the past two calendar years). If you have a situation in which a pregnant woman is applying for Hospital PE and has had a period of Hospital PE in the past two calendar years, please email HospitalPE.TennCare@tn.gov for assistance.

25. How can a hospital tell if an applicant has had a Hospital PE period in the last two years?

TennCare Online Services will notify the hospital worker whether the applicant has received Hospital PE within the past two years via the eligibility verification process in the Hospital PE interface. If the applicant has received Hospital PE within the past two years, then the Hospital PE interface will not allow the application to be submitted. However, please note the exception for pregnant women, who may have one period of Hospital PE per pregnancy. See FAQ #24 above.

26. Can a hospital “back date” a Hospital PE determination to cover the first day of a patient’s admission?

No. As explained in FAQ #2 above, the federal rules establish the applicant's effective date for Hospital PE is the date on which the qualified hospital approves the individual's Hospital PE application. Hospitals may not alter these dates on the Hospital PE Worksheet or Hospital PE Notice, and hospitals must transmit the real effective date via the TennCare Online Services interface. To ensure the entire hospital stay is covered for an eligible patient, a hospital may want to provide application assistance and complete the Hospital PE process as soon as possible after admitting the patient.

Application Process for Hospital PE

27. Should a hospital request proof of any information on the Hospital PE application?

No. The hospital should rely on the self-reported information on the Marketplace Application. The hospital shall not attempt to verify the information or request proof.

28. Which documents must be faxed to TennCare after a Hospital PE application is submitted?

When a hospital employee accidentally keys an error in TennCare Online Services and transmits the information to TennCare, the hospitals shall fax the Hospital PE Errata Sheet to TennCare Provider Services at (615) 734-5325. The hospital should not fax any other documents to TennCare. See FAQ #34 below.

29. Must all the fields on the Marketplace Application be completed?

YES, if the enrollee wants to obtain ongoing coverage. While some fields on the application are technically optional for PE determinations, these fields are needed for ongoing coverage. For this reason, qualified hospitals have an affirmative obligation to help all Hospital PE enrollees to fill out and submit **complete** Marketplace Applications.

30. Must a Marketplace Application be submitted when a Hospital PE determination is made?

Yes. An applicant shall submit a Marketplace Application after applying for Hospital PE, regardless of whether the hospital approved or denied the applicant. Consult Step #6 in the “Step-by-Step Instructional Guide for Hospital PE” for more information.

Note: If Hospital PE enrollees do not submit **complete** Marketplace Applications after they apply for Hospital PE, they will lose their temporary eligibility. For this reason, qualified hospitals have an affirmative obligation to help all Hospital PE enrollees to fill out and submit **complete** Marketplace Applications.

31. Who counts as part of the applicant’s household size?

The household includes the applicant and, if living with the applicant, the following individuals:

- The applicant’s spouse;
- The applicant’s natural, adopted, and step children under age 19 (or 21 if a full-time student);
- For applicants under age 19 (or 21 if a full-time student): the applicant’s natural, adopted, or step parent; and
- For applicants under age 19 (or 21 if a full-time student): the applicant’s natural, adopted, and step siblings who are under age 19 (or 21 if a full-time student).

When determining household size for a pregnant woman, the pregnant woman is counted as herself plus the number of children she is expected to deliver. When determining

household size for other applicants in the pregnant woman's household, the pregnant woman is counted as one person. Special rules may apply to pregnant females under age 19; see pp. 4-5 of the "Step-by-Step Instructional Guide for Hospital PE."

32. What counts in terms of monthly income for the applicant's household?

As noted on the Hospital PE Form, the applicant should include the **before-tax** amounts of wages, salaries, and self-employed income received by adult household members. The applicant should also include unemployment, alimony received, Social Security retirement and Social Security Disability Income (SSDI) for household members. However, the applicant should **not** include Supplemental Security Income (SSI) or child support. See pp. 4-6 of the "Step-by-Step Instructional Guide for Hospital PE" for additional information.

33. What kind of accommodations must I provide to an applicant?

Hospitals must provide oral interpretation services and disability accommodations, as appropriate.

34. How does a hospital fix a data entry error that an employee keyed in TennCare Online Services for a specific Hospital PE enrollee?

The hospital shall check TennCare Online Services to validate that all information for individuals approved for Hospital PE appears correctly in the system. Conduct this check within 1-3 business days after the transmission of Hospital PE eligibility data. If you find a data entry error, complete a Hospital PE Errata Sheet and fax it to TennCare Provider Services at (615) 734-5325. See FAQ #28 above.

The Hospital PE Errata Sheet allows hospitals to correct name misspellings or other keying errors. However, hospitals may not use this process to change a Hospital PE enrollee's health plan; rather, Hospital PE enrollees must call the TennCare Solutions Unit at (800) 878-3192 to change health plans. Additionally, an effective date for Hospital PE can be corrected if the hospital employee keyed the wrong date of determination in TennCare Online Services – but a hospital cannot retroactively change the effective date to a date prior to the actual PE determination date. To request a change to the effective date, the hospital must also include with the Hospital PE Errata Sheet a copy of the Hospital PE Worksheet (which shows the actual date on which the hospital employee made the eligibility determination). Finally, a hospital cannot terminate a Hospital PE span if a hospital later discovers it should have denied the newborn. For more information about hospital mistakes related to deemed newborn reporting, see FAQs #68-70.

35. If a hospital transmits data for a patient approved for Hospital PE on a Saturday morning, when will the information actually appear in TennCare's eligibility system?

TennCare will update its eligibility system and transmit new enrollment records to the MCOs and the Pharmacy Benefits Manager within 1-3 business days of receiving the information from the hospital via TennCare Online Services. For this reason, hospitals shall validate

eligibility information in TennCare Online Services for all persons approved for Hospital PE within 1-3 business days of transmitting the information. See FAQs #43 and #59 and p. 9 of the Step-by-Step Instructional Guide for Hospital PE.

36. Can an applicant simply get another period of Hospital PE if he or she forgets to submit the application for ongoing coverage?

No, not generally. An individual can only have one segment of Hospital PE during a two calendar year period. (There is an exception for pregnant women: they can have one Hospital PE period per pregnancy even if that exceeds one Hospital PE period in the past two calendar years.) For example, Tom applies for Hospital PE on January 2nd while he is being admitted as an inpatient. He fails to submit his full application for full ongoing coverage, and his Hospital PE period ends after 62 days. Tom is re-admitted on May 6th of the same year and re-applies for Hospital PE. Because Tom has already had a segment of Hospital PE in a two calendar year period, the hospital must deny his Hospital PE application. Given this rule, it is critical that an individual submit his or her full application for full ongoing coverage. See FAQs #5, #29, #30, #40, and #41. Note: While Tom may not enroll via Hospital PE on May 6th, he could instead apply online at www.healthcare.gov on May 6th for full ongoing coverage.

37. Will the MCOs provide retrospective authorization for hospital stays for individuals who are approved for Hospital PE while they are inpatients?

Yes. We are following up with the MCOs to clarify the policy in this regard.

38. Can an individual approved for Hospital PE tell you his or her MCO preference?

Yes, the individual can indicate an MCO preference – and the hospital can transmit the MCO preference via TennCare Online Services. TennCare will do its best to honor this preference. However, TennCare may enroll the individual in a different MCO if, for example, the individual has immediate family members already served in another MCO. If the individual does not indicate an MCO preference, TennCare will randomly assign an MCO to the individual – and the individual will have 30 days to switch to a different MCO if he or she would like to do so.

39. Can an individual apply for Hospital PE online?

An applicant for Hospital PE must complete and sign the paper Marketplace Application. The qualified hospital will use the information on this paper form to make the Hospital PE determination. If approved, the hospital will forward the approval data to TennCare via TennCare Online Services. The applicant must also submit either the Marketplace Application or apply online at www.healthcare.gov to apply for full ongoing coverage. See FAQs #5, #29, #30, #40 and #41.

Keeping TennCare Coverage

40. Does the family need to also apply for TennCare using the regular process?

Yes. Hospital PE enrollees can keep their temporary TennCare coverage only if they submit the full Marketplace Application. For this reason, the Step #6 in the “Step-by-Step Instructional Guide for Hospital PE” directs the hospital to mail the Marketplace Application to the Marketplace mail center in London, Kentucky.

If the applicant does not wish to submit a Marketplace Application for ongoing coverage, the Hospital PE Affidavit for Failure to Submit Form must be reviewed and signed by both the applicant and the hospital employee assisting with the Hospital PE process.

Note: If Hospital PE enrollees do not submit **complete** Marketplace Applications after they apply for Hospital PE, they will lose their temporary eligibility. For this reason, qualified hospitals have an affirmative obligation to help all Hospital PE enrollees to fill out and submit **complete** Marketplace Applications.

41. Is the hospital responsible for mailing the Marketplace Application to the Marketplace?

Yes. As part of the “Hospital PE Qualified Entity Agreement,” hospitals agree to offer either (a) to mail the completed Marketplace Application at no charge to the applicant or (b) to help the applicant complete the online application at www.healthcare.gov. Note that hospitals agree to offer this assistance to all applicants, even those for whom the hospital denies Hospital PE.

Note: If Hospital PE enrollees do not submit **complete** Marketplace Applications after they apply for Hospital PE, they will lose their temporary eligibility. For this reason, qualified hospitals have an affirmative obligation to help all Hospital PE enrollees to fill out and submit **complete** Marketplace Applications.

42. If an individual approved for Hospital PE doesn’t get a final decision about his or her application for ongoing coverage in the first 62 days, could there be a gap between Hospital PE and the date ongoing coverage begins?

No. If the individual submits an application for full ongoing coverage during his or her Hospital PE period and the application is pended beyond 62 days, TennCare will continue the Hospital PE period until a final determination is made on the pending application. For example, Jen applies and is approved for Hospital PE on July 1st, and she also submits her application for full ongoing coverage to the Marketplace on the same day. The Marketplace pends her application on July 18th because of an income inconsistency, and the application remains pended on the 62nd day. TennCare will continue Jen’s period of Hospital PE until a final decision is made on her pending application for full ongoing coverage. See FAQ #4.

43. How can an individual approved for Hospital PE access pharmacy benefits immediately after the hospital makes the Hospital PE determination?

Hospitals can expedite enrollment of an individual by immediately keying his or her information into the TennCare Online Services interface. TennCare typically updates all systems within 1-3 business days. TennCare encourages hospital pharmacies to provide at least a partial fill for any prescription medications the individual may need in the 1-3 business days during which systems are being electronically updated. After the individual's information is updated in all systems, he or she can access pharmacy benefits from any network pharmacy for the balance of the 62-day Hospital PE period.

Qualified Entities

44. Will the Hospital PE program become mandatory for hospitals?

No. This is and will remain a voluntary program for hospitals who are interested in participating. Hospitals may elect not to participate—or hospitals may decide to sign up and then later withdraw from the program (with 30 days advance written notice to TennCare). Participation is entirely optional. TennCare's goal is simply to ensure hospitals have the right information to make an information choice about whether to participate in the Hospital PE program—and hospitals have the necessary resources and support to be successful if they choose to sign up.

45. Does a hospital employee who determines Hospital PE also need to be a Certified Application Counselor (CAC)?

Not necessarily. If the hospital employee restricts the discussion with clients to TennCare Medicaid or CoverKids matters, they would not need to be CACs. However, the hospital employee may need to be a CAC in order to advise clients about qualified health plans (QHPs), tax credits, or other non-Medicaid insurance matters.

46. Who actually determines eligibility under the Hospital PE process?

Employees of qualified hospitals determine hospital presumptive eligibility.

47. What types of hospitals can become qualified entities?

To participate, a hospital must:

- Participate in the TennCare Medicaid program and maintain a network provider agreement with at least one TennCare Managed Care Organizations (MCO);
- Be signed up for TennCare Online Services (formerly known as TN Anytime);
- Be located in Tennessee;
- Make determinations consistent with policies and procedures of the state;
- Comply with all training requirements; and
- Comply with all performance standards.

More information is available at www.tn.gov/tenncare/section/providers.

48. What are the requirements to be a qualified hospital?

To sign up for the Hospital PE program, a hospital must:

- a) Complete the Application to Become a Qualified Entity;
- b) Sign up for TennCare Online Services (if you have not already done so);
- c) Register all employee users with TennCare Online Services;
- d) Complete the Hospital PE Information Contact Survey;
- e) Complete, sign, and date the Memorandum of Understanding; and
- f) Email both the completed Application to Become a Qualified Entity and the signed MOU to HospitalPE.TennCare@tn.gov or fax these materials to 615-734-5325.

Instructions about becoming a qualified hospital for the Hospital PE program are at www.tn.gov/tenncare/section/providers.

49. How can a hospital sign up for TennCare Online Services?

Visit <http://www.tn.gov/main/article/tenncare> to learn more about the sign-up process for TennCare Online Services. If you do not know whether your facility is signed up for TennCare Online Services, email Deb Kilpatrick at deb@egovtn.org.

50. How does a hospital add users to TennCare Online Services to help with Hospital PE?

After setting up the account and obtaining access to TennCare Online Services, the hospital's administrator can go online and click the "Password and User Help" link on the bottom right corner of the login page to request additional users or to manage existing users.

51. Can hospitals outside of Tennessee become qualified entities?

No. TennCare requires all qualified entities to be within Tennessee.

52. Can a qualified hospital use the Hospital PE process for a patient transferred there?

Yes. Qualified entities can use the Hospital PE process even for patients transferred from another facility. However, please ensure that the other facility has not already completed the Hospital PE process for the patient. The Hospital PE interface will notify the hospital worker if the individual is eligible for Hospital PE at the time of application.

53. Can hospitals that are qualified entities delegate Hospital PE determinations to contractors?

No. Federal rules at 42 CFR § 435.1102(b)(2)(vi) for presumptive eligibility do not allow qualified hospitals to delegate presumptive eligibility determinations to another party. Employees of qualified hospitals, not contractors, must determine Hospital PE.

While contractors cannot determine eligibility under the Hospital PE process, contractors can help in a number of critically important ways. For example, contractors can help Hospital PE applicants complete the Hospital PE Cover Sheet and Marketplace Application.

54. Can a third-party contractor “screen” applicants for Hospital PE?

Yes, provided the contractor promptly submits all Hospital PE applications to a hospital employee for a formal determination (i.e., an approval or denial). The hospital employee, not the contractor, must make the actual determination—and the effective date for persons approved for Hospital PE is the date on which the hospital employee makes that determination. The date of any “screening” by a contractor is irrelevant. See FAQs #2-3.

55. Can TennCare reject or terminate the qualified entity status of hospitals?

Yes. TennCare may take such action if a hospital fails to help applicants complete and submit the Marketplace Application, consistently makes incorrect Hospital PE determinations, makes fraudulent statements about signature and effective dates, etc. For more information, see the “Hospital PE Qualified Entity Agreement,” which is available at www.tn.gov/tenncare/section/providers.

56. Will a hospital’s performance standards metrics be negatively affected if an applicant misstates his or her income and the hospital incorrectly approves the applicant for Hospital PE?

Yes. TennCare understands that applicants might misstate their income, and this will occasionally lead to incorrect Hospital PE determinations. The performance standards outlined in Section IV of the MOU recognize this reality and were adjusted accordingly when we drafted the MOU.

57. Will TennCare impose any financial penalties on hospitals for mistakes related to Hospital PE?

No. If a hospital is consistently unable to make Hospital PE determinations in a manner adhering to the terms of the MOU, TennCare may terminate the MOU and prohibit the hospital from making future Hospital PE determinations. See FAQ #55 and sections V.B and VI. of the MOU. However, TennCare will work closely with a hospital to address concerns through a corrective action plan in order to avoid terminating the MOU. Additionally, TennCare will not impose financial penalties on hospitals related to the Hospital PE determinations.

Transmitting Hospital PE Approvals

58. How does a hospital transmit Hospital PE approvals to the State?

Hospitals shall transmit all data for Hospital PE enrollees using the TennCare Online Services interface. This is the only mechanism available to hospitals. Unfortunately,

TennCare **cannot** accept any Hospital PE information that hospitals send by fax, email, or mail.

59. How does a hospital confirm an applicant's enrollment in Hospital PE?

The Hospital PE interface will display a confirmation pop-up box if it successfully transmits the information to TennCare. Hospitals should validate that all information for individuals approved for Hospital PE appears correctly in the system about 1-3 business days after submission by the hospital. Note: The TennCare Online Services system requires the patient's SSN in order to perform the eligibility lookup.

Providers have several other options to validate enrollment. First, those providers that use Emdeon, Passport, or similar vendors are often able to look up patients using name and date of birth. Second, providers can look up eligibility for United Healthcare members through either Optum Cloud or their RV e-services website using only the individual's name and DOB without needing an SSN. Similarly, providers can do a name lookup using the BlueCross BlueShield of Tennessee portal. AmeriGroup does not allow for name lookups on its portal but allows providers to call its Customer Service Line at 1-800-454-3730 for assistance. Third, TennCare will mail the enrollee's welcome packet within three business days of completing the enrollment; the packet confirms eligibility, MCO assignment, and effective date; the MCO will follow with providing member ID cards shortly thereafter.

Pregnancy and Newborns

60. Can a hospital choose not to participate in the Hospital PE program but continue to perform Newborn PE determinations?

Yes. Hospitals that do not participate in the Hospital PE program can continue to make Newborn PE determinations. However, these hospitals must sign the required Newborn PE agreement later this year. See FAQ #61 below. Additionally, they must begin using a new interface at TennCare Online Services later this year. TennCare will share additional information about the agreement and interface in the coming months.

61. Even if a hospital does not participate in the Hospital PE program, will the hospital need to sign an agreement to continue to perform Newborn PE determinations?

Yes, eventually. TennCare implemented a Newborn PE program on August 18, 2014. In the interest of expediency, we implemented the Newborn PE program without executing formal agreements with participating hospitals. In the coming months, TennCare will circulate a Newborn PE agreement, which hospitals must execute to continue to perform Newborn PE determinations. Additionally, these hospitals must begin using a new interface at TennCare Online Services later this year. However, hospitals that participate in the Hospital PE program and sign a Hospital PE agreement will **not** need to sign a second agreement for Newborn PE – and they can use the Hospital PE interface for all PE transactions (including those for newborns).

62. Does the Hospital PE program entirely replace Newborn PE?

No, not exactly. To simplify the process for all parties, TennCare will subsume the Newborn PE process under the broader Hospital PE program for hospitals electing to participate in the Hospital PE program. However, hospitals that do not participate in the Hospital PE program can continue to make Newborn PE determinations (provided they sign the required agreement and begin using the new interface later this year). See FAQs #60 and #61 above.

63. How do hospitals determine and transmit PE determinations for newborns?

Once a hospital enrolls in the Hospital PE program, the hospital should use the Hospital PE process to make eligibility determinations for all groups, including newborns. Additionally, the hospital should use the Hospital PE interface at TennCare Online Services to transmit Hospital PE approvals for all eligibility groups, including newborns.

64. Can a hospital still use the one-page newborn presumptive application form?

Yes, but this only applies to newborns. For a newborn whose mother is not enrolled in TennCare or CoverKids at birth, hospitals can continue to use the one-page newborn presumptive form to provide temporary, 62-day coverage. However, the hospital must subsequently assist the family in completing the full Marketplace Application (on paper, online, or by phone) in order to ensure ongoing coverage. As with all presumptive determinations, applicants who do not complete the full Marketplace process will lose coverage after 62 days.

65. Can a family with a newborn apply for presumptive eligibility by filling out the Marketplace Application instead of the one-page newborn form?

Yes, as an alternative to first using the one-page form and then following up by assisting the family in completing the full Marketplace Application, hospitals participating in the Newborn PE program may choose to simply work with the family to complete the full Marketplace Application for both uses (the presumptive determination and application through the marketplace).

66. Why doesn't TennCare use a shorter PE form for all Hospital PE applicants?

Some states (e.g., California) created a one-page form for Hospital PE. While this may sound desirable, each family member must often complete a separate one-page form for temporary coverage – and the family must also then complete the full Medicaid application process for ongoing eligibility. Unsurprisingly, this approach leads to breaks in coverage when PE enrollees forget to complete the full application process for ongoing eligibility. To simplify this process and ensure continuity of coverage, TennCare uses one form for all family members – and applicants can use the same form to apply for both (a) temporary PE and (b) ongoing eligibility for TennCare or other insurance affordability programs.

67. Can a hospital sign up for the Hospital PE program but decide to limit its PE determination to just one population such as children under age 19?

No. Federal guidance expressly requires hospitals participating in the Hospital PE program to make PE determinations for all eligible populations. Thus, a participating hospital must accept Hospital PE applications and make determinations for pregnant women, children under age 19, parent caretaker relatives, and former foster children under age 26. See <https://www.medicaid.gov/federal-policy-guidance/downloads/faq-01-24-14-hospital-pe.pdf>.

68. Can hospitals report “deemed” newborns using the Hospital PE system?

The Hospital PE interface at TennCare Online Services will not accept data for deemed newborns (newborns born to mothers receiving TennCare at the time of birth). Deemed newborns receive 12 months of coverage. For this reason, hospitals should not submit deemed newborns on the Hospital PE interface. Rather, hospitals should submit deemed newborn data using the existing newborn interface of TennCare Online Services.

69. What is the difference between the existing “deeming” process in TennCare and Hospital PE?

If a new mother is already enrolled in TennCare at the time she delivers, TennCare will simply “deem” or add the newborn to the mother’s case and MCO. If instead a new mother is under the TennCare income limit but not enrolled in TennCare at the time that she delivers, TennCare cannot “deem” the infant. In this circumstance, the new mother can sign up her newborn for TennCare through the Hospital PE process.

For example, Sarah is enrolled in TennCare when she gives birth. When TennCare learns of the birth, it will “deem” Sarah’s baby as eligible for TennCare for 12 months and add the newborn to Sarah’s case and MCO. Jane, in contrast, is not enrolled in TennCare when she gives birth even though she is under the TennCare income limit. Jane can enroll her newborn in TennCare Medicaid using the Hospital PE process.

70. [NEW] If a hospital mistakenly transmits a deemed newborn through the Hospital PE interface, should the hospital contact TennCare about this error?

Yes. If the mother has active TennCare at the time she gives birth, TennCare will simply “deem” the newborn as eligible for 12 months. The hospital should report all deemed newborns through the old newborn interface at TennCare Online Services. In contrast, the hospital should report newborns eligible via Hospital PE (i.e., eligible newborns whose mothers do not have active TennCare at time of delivery) using the Hospital PE interface at TennCare Online Services. If the hospital erroneously reports a “deemed” newborn through the Hospital PE interface instead of the old newborn interface, TennCare may assign the newborn to the incorrect MCO and/or prematurely terminate eligibility. Ultimately, TennCare will identify and correct this error – but this may substantially delay payment of claims for hospitals. Thus, it is in a hospital’s interest to contact TennCare immediately to correct any such errors.

To report an error in which the hospitals submitted a deemed newborn via the Hospital PE interface instead of the old newborn interface, the hospital should immediately complete the Hospital PE Errata Sheet and fax to TennCare Provider Services at (615) 734-5325. See FAQ #34. However, the hospital should enter “***Should be deemed newborn***” in the Corrected Data column for the “Effective Date” row. The hospital should also report the mother’s full name, SSN, and DOB on a separate sheet and fax this along with the Hospital PE Errata Sheet. This will allow TennCare to identify the newborn and the mother – and to correct the error quickly.

71. Does this new Hospital PE program change the existing Pregnancy PE process in local health departments?

No. Eligible pregnant women can still go to a county-based health department² to apply for presumptive eligibility for TennCare Medicaid in order to cover their prenatal services. This process remains unchanged. As long as a presumptively eligible pregnant woman completes a full TennCare application by the end of the following month, she will retain her TennCare Medicaid coverage at least until the FFM makes a determination for full TennCare Medicaid based on her FFM application. If the FFM determines her to be eligible under the pregnancy category, she will retain coverage at least for the remainder of her pregnancy and the 60-day post-partum period. If the mother is enrolled in TennCare Medicaid at the time the baby is born, the baby will be “deemed” eligible for TennCare when the mother reports the birth.

Of course, some applicants will not be eligible for pregnancy presumptive eligibility. These pregnant women may be eligible for CoverKids.³ As before, they can apply for coverage of prenatal services and delivery at www.coverkids.com. If the mother has CoverKids at the time that she gives birth, CoverKids will determine whether the baby is eligible for TennCare Medicaid or CoverKids and will take the appropriate action to facilitate coverage for the newborn.

72. Can a parent apply through the Hospital PE process if the newborn does not yet have a name?

Hospitals must have a name for the baby in order to transmit an approval via TennCare Online Services. Because the effective date of coverage is the date of determination, the mother should sign the application form on her date of delivery if at all possible to allow the hospital to make the Hospital PE determination – even if the mother has not yet named the child. The mother may add the newborn’s name to the application a day or so later if necessary. However, the hospital **must** transmit the information within five (5) working days

² A list of county-based health departments by county is available at <https://www.tn.gov/health/topic/localdepartments>.

³ Generally speaking, a pregnant woman must be a U.S. citizen or eligible immigrant in order to qualify for TennCare coverage. However, the unborn children of noncitizens at or below 250% FPL are eligible for coverage through CoverKids. This means that pregnant noncitizens at or below 250% FPL can receive both prenatal care and delivery services through CoverKids if they are ineligible for Medicaid because of their immigration status.

to TennCare via TennCare Online Services. Please note that five-day reporting requirement is determined by federal rules. See 42 CFR § 435.1102(b)(2)(ii).

73. If the parents apply for SSI for the newborn, can they also apply for TennCare using the Hospital PE process?

Yes. Parents may apply for SSI and also use the Hospital PE process to ensure that the newborn has coverage as quickly as possible. Please remind the parents that, like any other Hospital PE applicant, they must apply for TennCare through the regular process (by submitting the Marketplace Application or applying online at www.healthcare.gov). This is especially important if the newborn's SSI application remains pending. Even though SSI, if approved, is retroactive to the date of application, there could be a coverage gap if the parents do not apply for TennCare while the SSI application is pending.

Record Keeping

74. Must a hospital keep hard or electronic copies of each applicant's Hospital PE materials?

Yes. As part of the "Hospital PE Qualified Entity Agreement," hospitals agree to maintain a paper record or electronic record of the following documents for each applicant:

- Hospital PE Application Cover Sheet;
- Hospital PE Eligibility Notice;
- Hospital PE Affidavit for Failure to Submit Form
- Hospital PE Errata Sheet
- Marketplace Application; and
- Hospital PE Worksheet.

Hospitals shall immediately make all such records available to the State upon request.

75. Must a hospital keep records even for persons denied for Hospital PE?

Yes. Hospitals shall keep records for all applicants, regardless of the eligibility outcome.

76. How long must hospitals keep Hospital PE materials for applicants?

Hospitals shall maintain such records for at least seven (7) years.